

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E. H.		
O.I.P.E. CLASSIFIER		43	5/8/01
FORMALITY REVIEW	H.B.	56-916	06-02-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)
 + Canceled
 - Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	01/09
2	05/19
3	03/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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